

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Hettie W. Adams

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

The Alarm.

County

Talbot

Date
of death

Month

Day

Years

1908 Feb. 16

Age 19

Months

6

Days

12

Sex

Female

Color or
Race

Colored

Birth-
place

Same

Occupation

Housewife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Carmel S. Adams

Father's
Birthplace

Talbot Co

Father's
Name

Irving

Cooper

Mother's
Maiden Name

Wilkey

Green

Mother's
Birthplace

Talbot Co

Name of person giving
Information

Walter Farmer

Walter Farmer

How related
to deceased

Mother

CAUSES OF DEATH

27

How long

Primary

Consumption

From

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

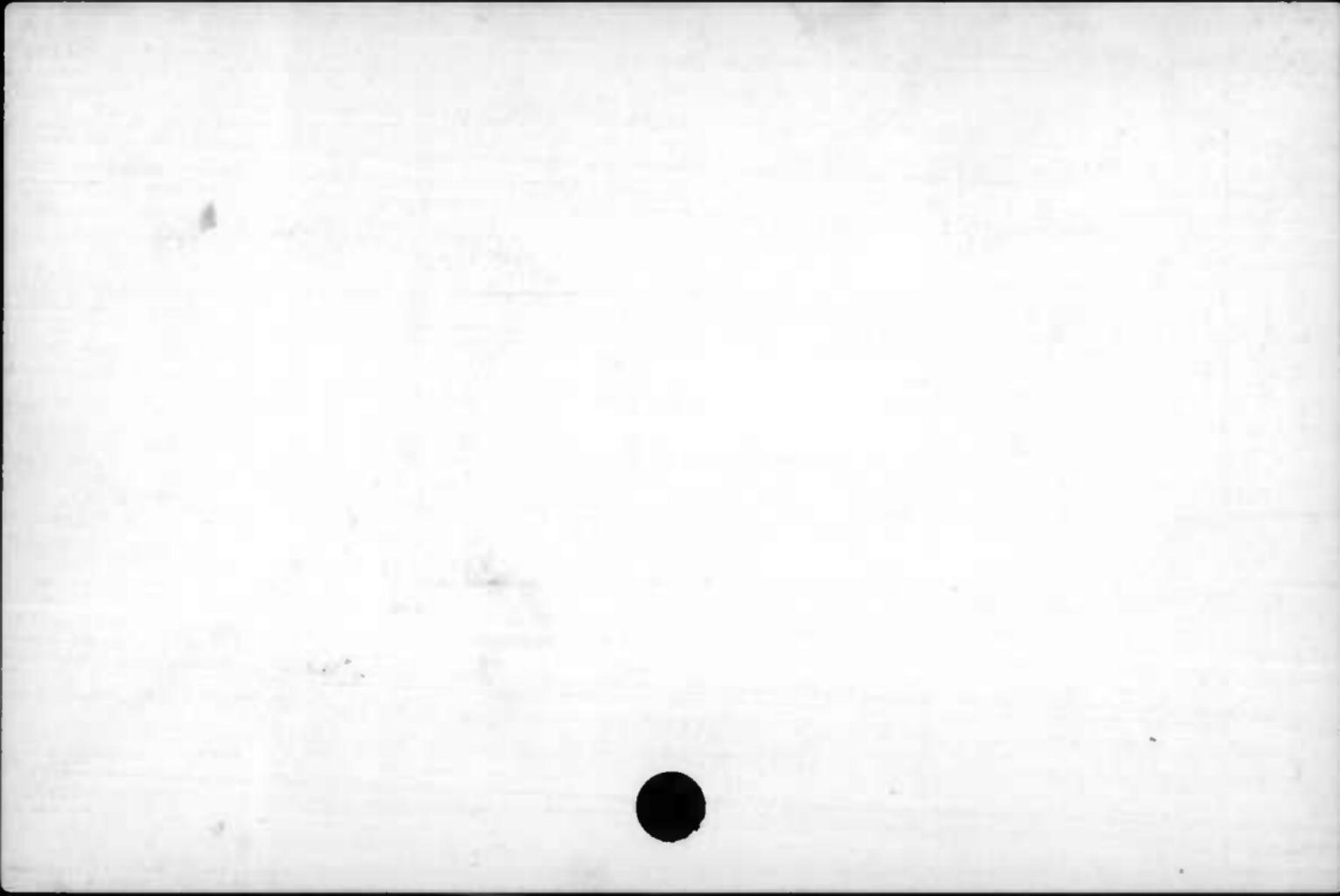
Signature of
Physician

Chas J. B. Sub.

Address

St Michael,
Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Howard Arrington				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	2	19	Age 29	11	2	
Sex	Male	Color or Race	white	Birth-place	Queen Anne	
Occupation	Where Residing if not at place of death					
farmer						
Married, Single or Widowed	Name of Wife or Husband					
Single.						
Father's Name	William Arrington		Father's Birthplace	Queen Anne		
Mother's Maiden Name	Laura Hads		Mother's Birthplace	" "		
Name of person giving information	Walter Arrington		How related to deceased	Brother		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

H

Primary

Drowning

How long

Three min.

Immediate

Suffocation

How long

One min

Are the name, age, sex, color, date and place correctly given above?

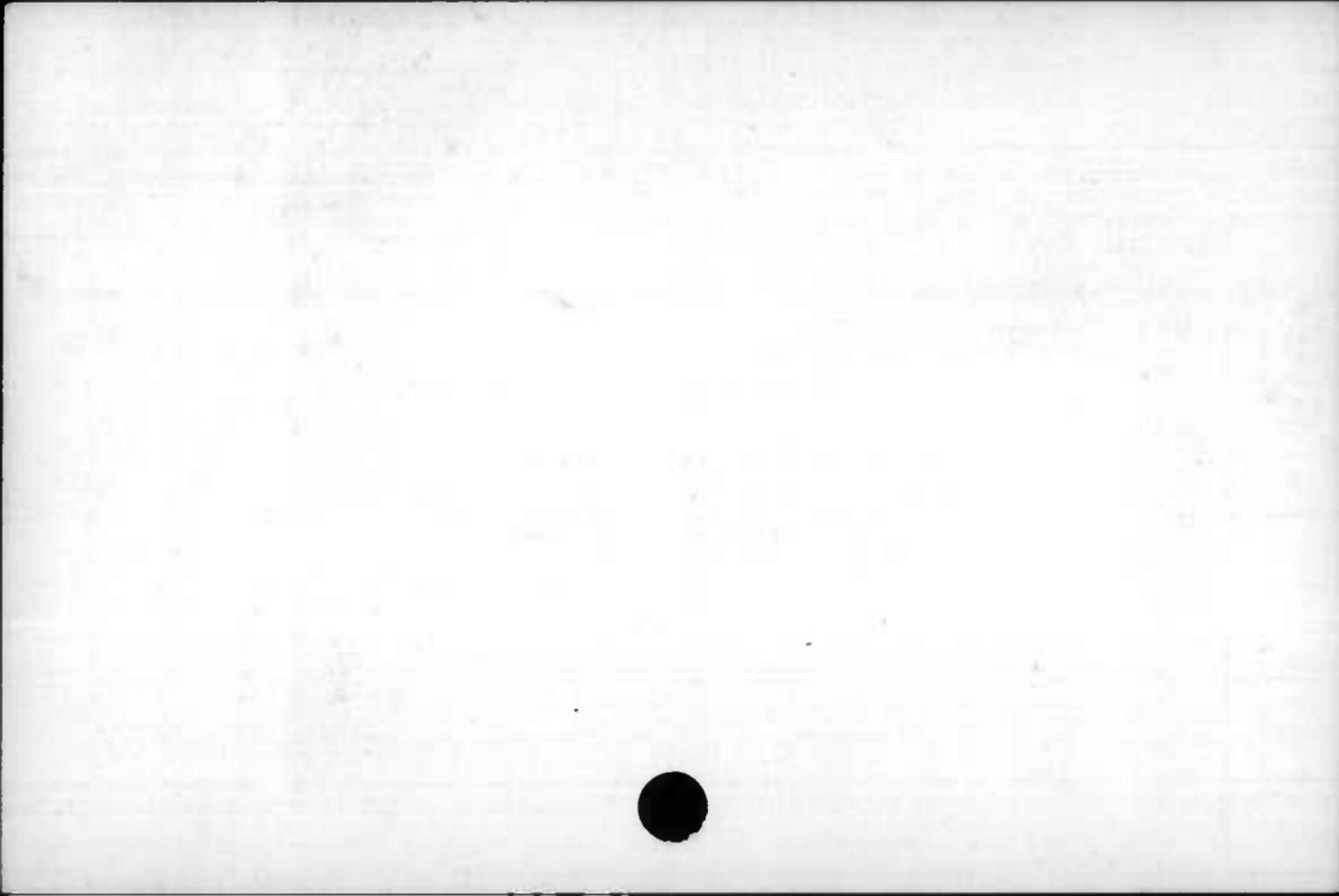
Yes

Signature of Physician

Address

A. Deemphillson
Easton

Accident or Suicide?



Name
in
Full

Eliza E. Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Royal Oak		Town	County Talbot		MARYLAND	
Date of death 1908	Month Feb	Day 29	Years Age 69		Months	Days
Sex Female	Color or Race White			Birth-place Talbot Co. Md.		
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband E. J. Benson			Father's Name Fernal Stewart	Father's Birthplace Oxford, Md	
Mother's Maiden Name W. V. Kuoronen			Mother's Birthplace Balti, Md			
Name of person giving information E. J. Benson			How related to deceased Husband			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Acute bronchitis

How long 6 days

Immediate Heart failure.

How long 3 or 4 hrs

Are the name, age, sex, color, date and place correctly given above?

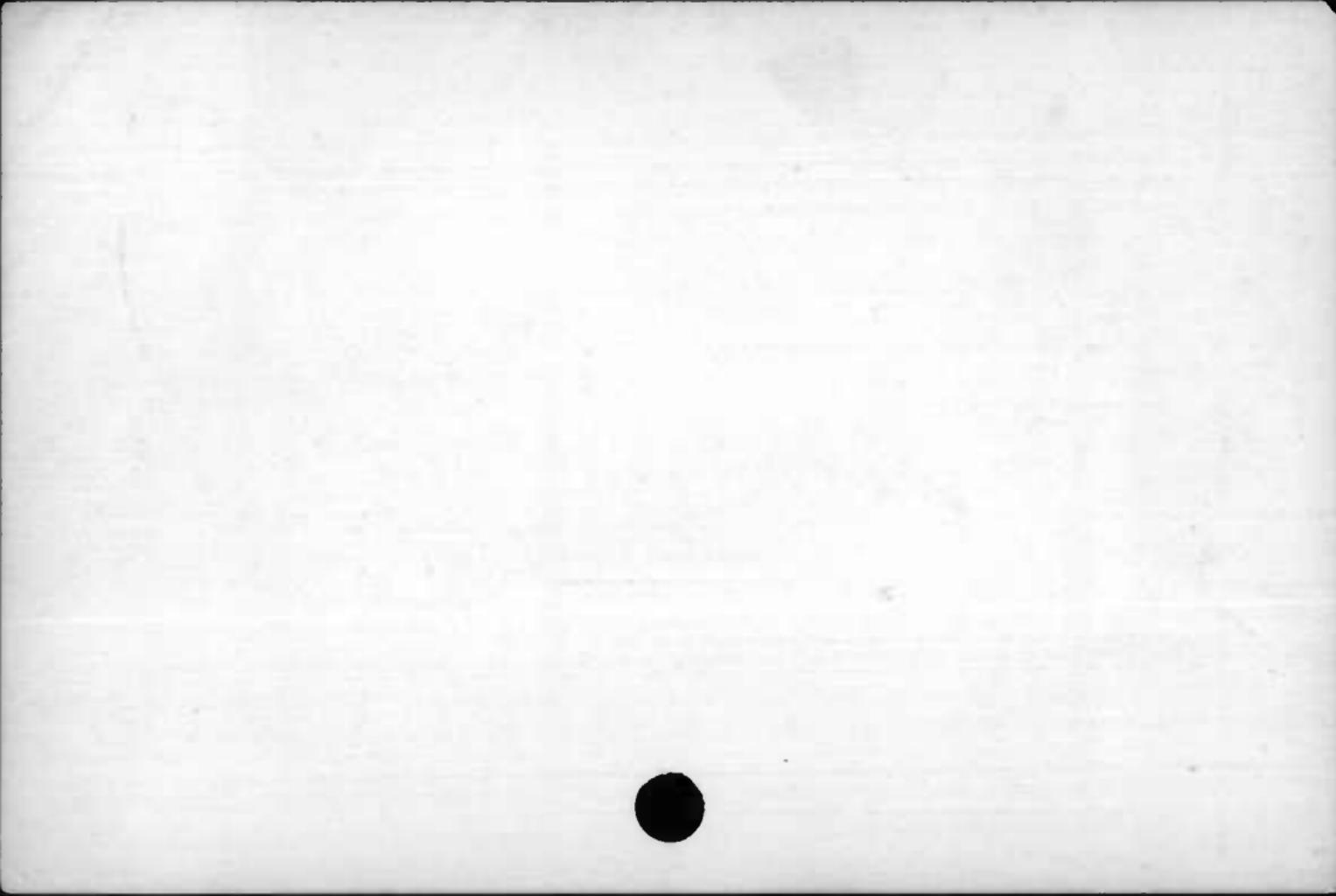
Yes

Signature of Physician

Address

Fernal C. Lippke
Royal Oak, Md.

Accident or Suicide?



Name
in
Full

Richard M. Cheers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	St Michaels		Town	County	MARYLAND	
Date of death	1908	Month Feb.	Day 28	Years 82	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Talbot Co	
Occupation	Sailor	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown			
Father's Name	Archibald Cheers			Father's Birthplace	Talbot Co	
Mother's Maiden Name	don't know			Mother's Birthplace	Unknown	
Name of person giving information	Henry Cheers			How related to deceased	Adopted Son	

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Influenza

How long

About a week

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. St. Johnstone
St Michaels
Md

Address

Accident or Suicide?

No



Name
in
Full

Roger Elwood Dickerson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Talbot	Month	Year	Days
Date of death 1908	Feb.	Day	Age one	Months three
Sex Male	Color or Race Colored	Birth-place Talbot-les		
Occupation Infant	Where Residing if not at place of death Cordova, Md			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Roger Dickerson	Father's Birthplace Caroline-les			
Mother's Maiden Name Lucinda Collins	Mother's Birthplace Talbot-les			
Name of person giving information Roger. Dickerson	How related to deceased Father			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Influenza

How long

3 days.

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

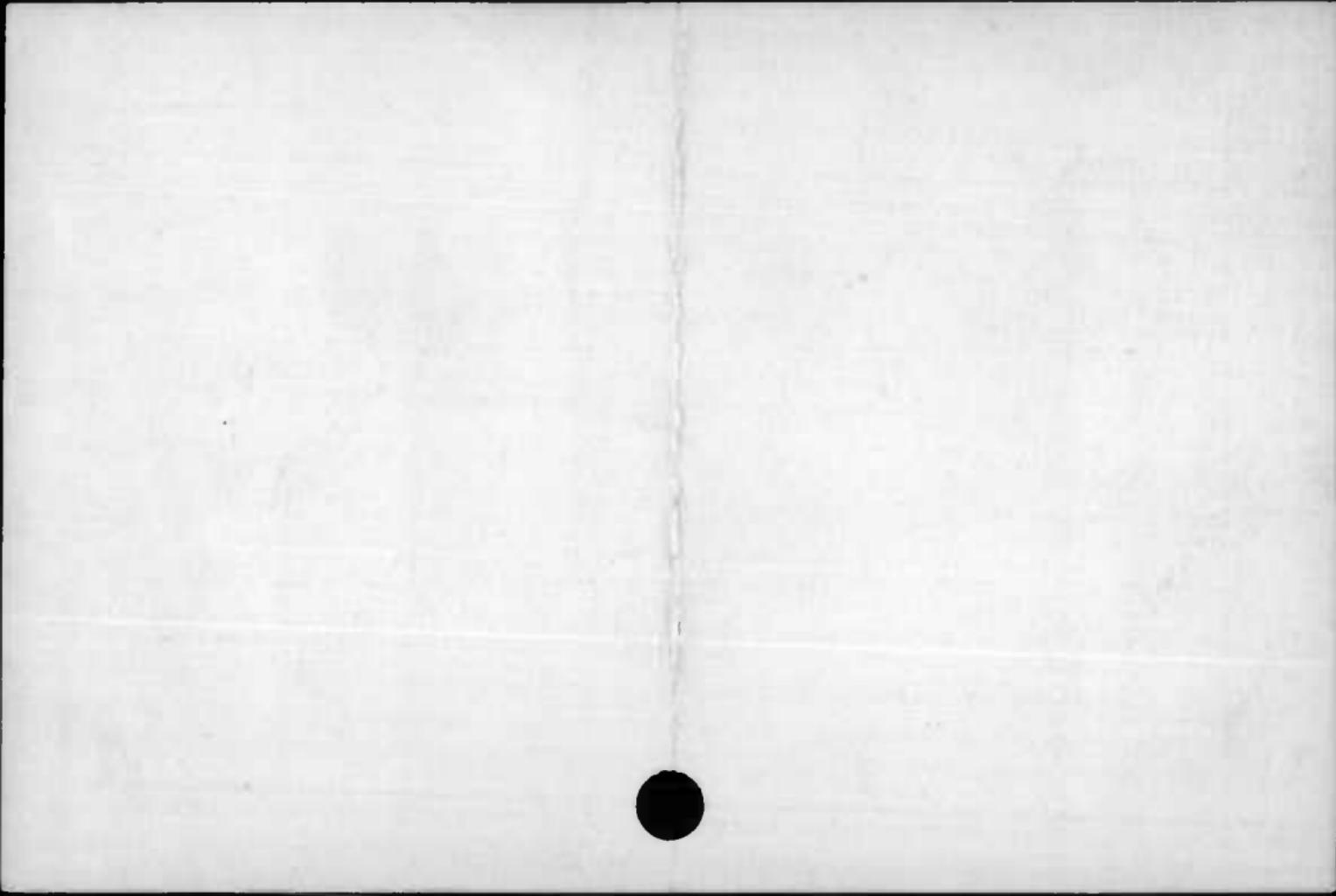
Yes

Signature of Physician

Address

L. M. Stelle, M.D.
Cordova
Md.

Accident or Suicide?



Name
in
Full

John H. Truhel

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	St. Michaels	Talbot			
Date of death	Month	Day	Years	Months	Days
1908	Feb	19	Age 77	2	19
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Farm hand	Where Residing if not at place of death	—		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Emily S. Truhel		
Father's Name	Not known	Father's Birthplace	Not known		
Mother's Maiden Name	—	Mother's Birthplace	Not known		
Name of person giving information	Charles H. Leonard	How related to deceased	Step son		

CAUSES OF DEATH

66

How long

3 years

How long

PHYSICIAN
OR CORONER

Primary

Parellis

Immediate

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

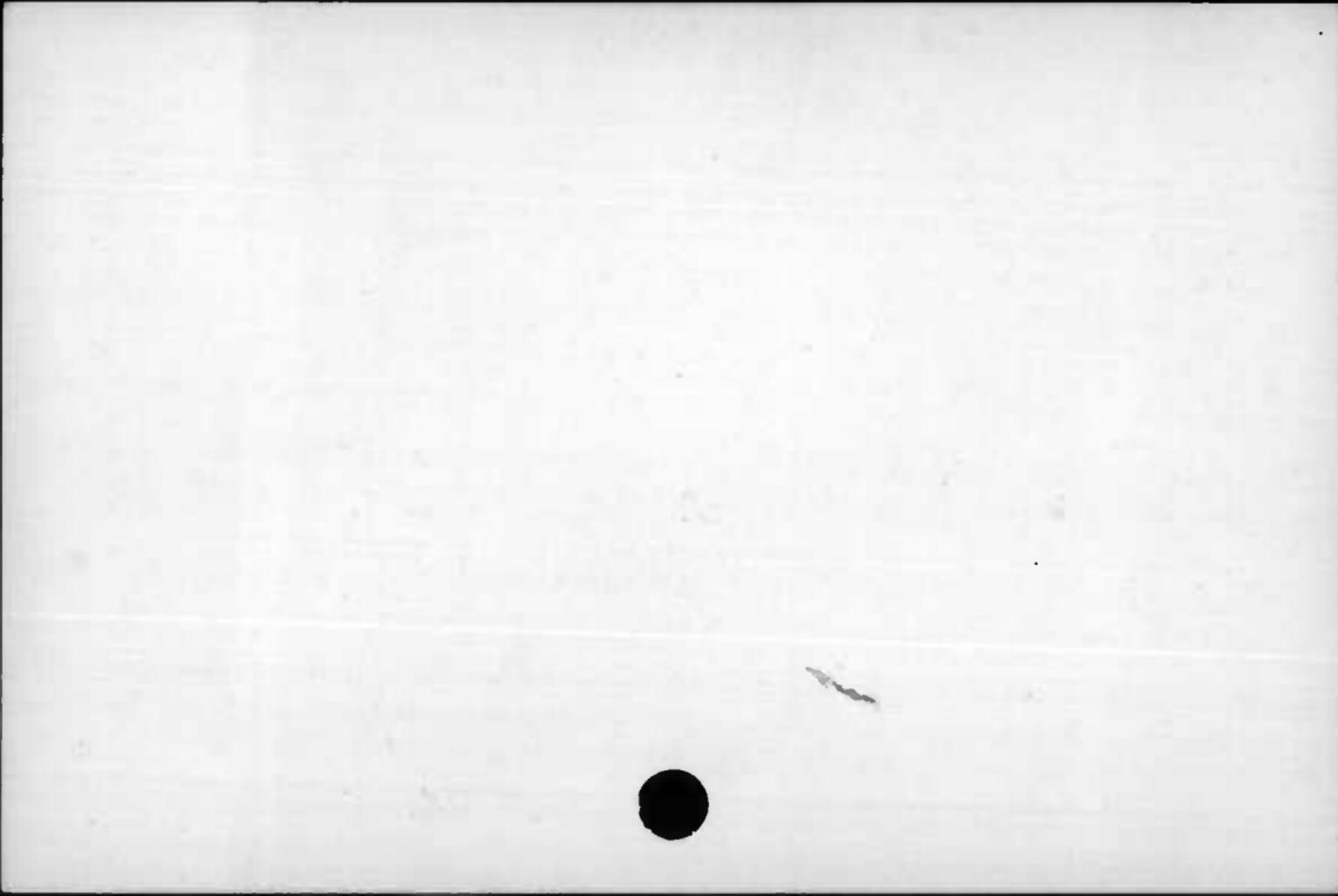
E. P. Sparks &
St. Michaels

no doctor in attend

I

Accident or Suicide?

No



Name
in
Full

James Fairbank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

St. Michaels Talbot County

MARYLAND

Date
of death

Month

Day

Age

Years

Months

Days

190

8

Feb.

17

85

9

-

Sex

Male

Color or
Race

White

Birth-
place

Talbot Co

Occupation

Carpenter

Where Residing if not
at place of death

~~Widowed~~

Name of Wife or
Husband

Mary Fairbank

Father's
Name

John Fairbank

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Nancy Fairbank

Mother's
Birthplace

Talbot Co

Name of person giving
Information

Mary V. Tarr

How related
to deceased

Daughter

CAUSES OF DEATH

64

Primary

Cerebral hemorrhage

How long

about one month

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Stopek M.D.

Address

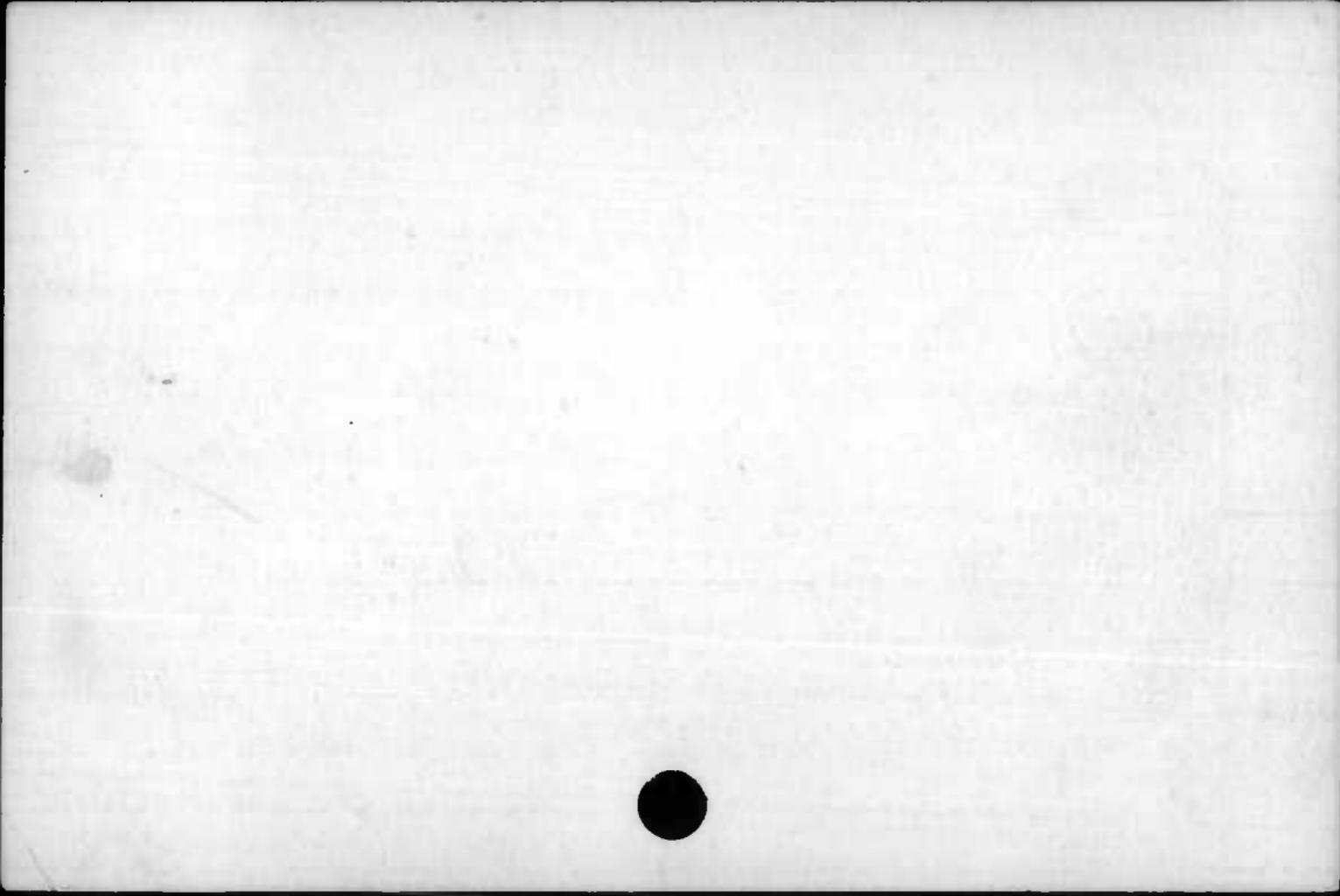
St. Michaels

Md.

I

No

Accident or Suicide?



Name
in
Full

Stee Bu Onfand - Norman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	S Father's Birthplace				
Mother's Maiden Name	Easlon Mother's Birthplace				
Name of person giving information	Easlon How related to deceased				

X

Obzor & Foman

Loum & Obzor

Lehar & Foman

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature birth

How long

dead born

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

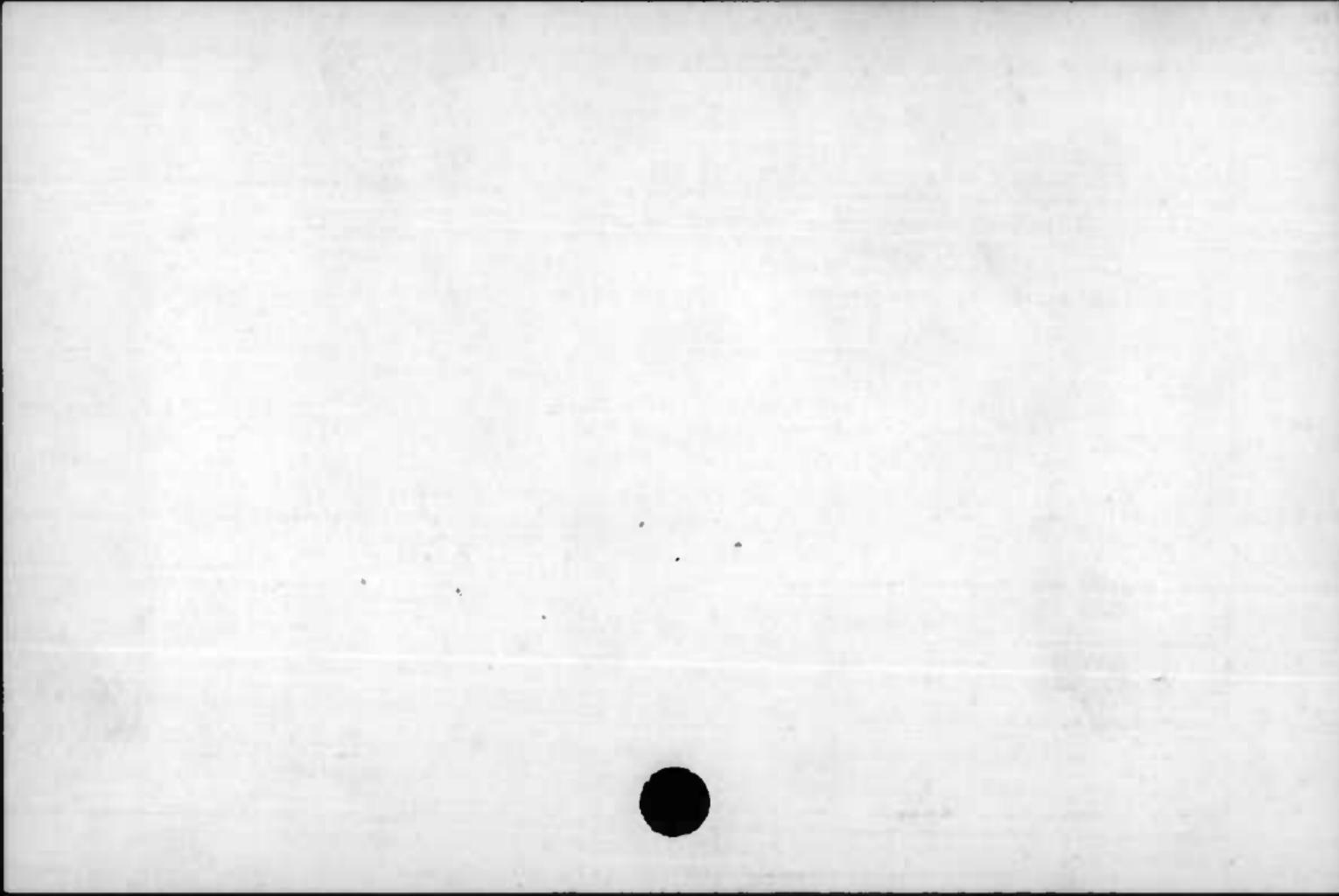
Address

Henretta Butler

Easlon

Midwife in attendance

Accident or Suicide?



Name
in
Full

Lewis A. Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband	—			—
Father's Name	Edward Holmes			Father's Birthplace	Caroline Co
Mother's Maiden Name	Emma Adams			Mother's Birthplace	" "
Name of person giving information	Edward Holmes			How related to deceased	Father

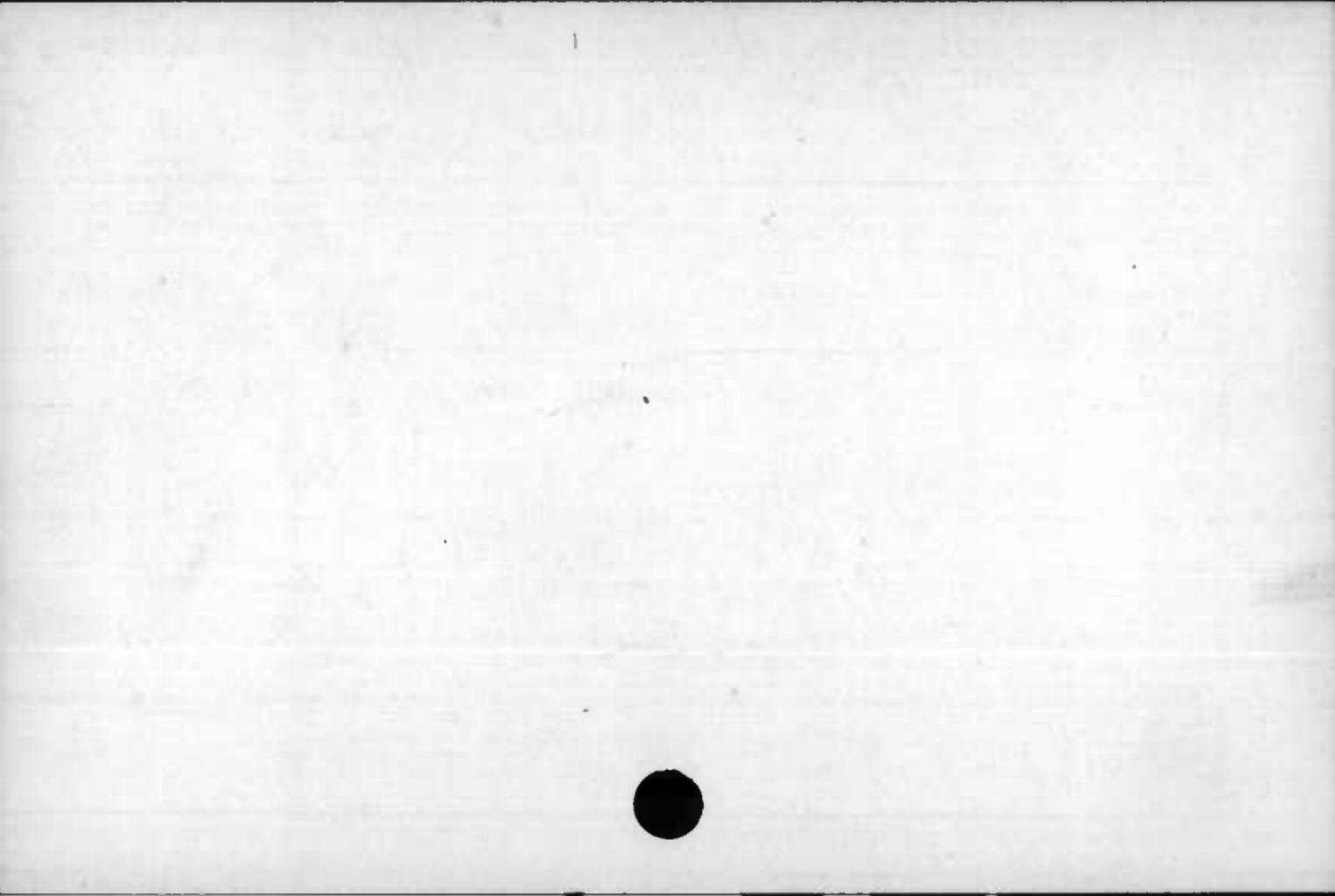
CAUSES OF DEATH

(90)

Primary	Capillary Bronchitis		How long	8 hours.
Immediate	Heart Exhaustion		How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Robert Gaylord	
		Address	Easton, Md.	
Accident or Suicide?	No.			

PHYSICIAN
OR CORONER

I



Name
in
Full

Luceria E. Jenkins.

CERTIFICATE OF DEATH

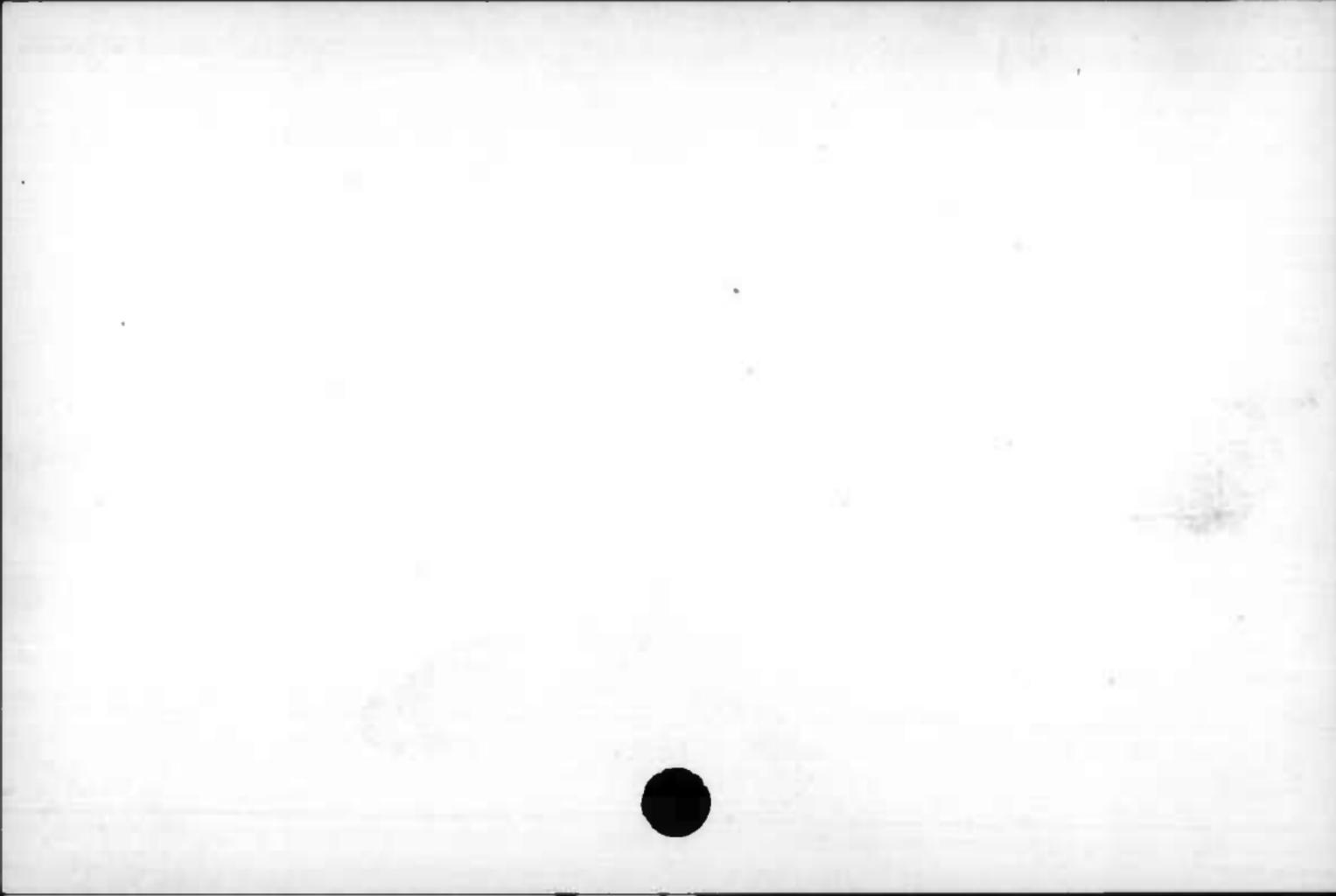
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Feb.	18 th	Age 64
Sex	Color or Race	Birth-place	Days
Female	white	Talbot Co.	✓
Occupation	Where Residing if not at place of death		
Wife	✓		
Married, Single or Widowed	Name of Wife or Husband	Thos. F. Jenkins	
widow		Father's Birthplace	Talbot Co.
Father's Name	John Newman	Mother's Birthplace	Talbot Co.
Mother's Maiden Name	Julia Bowdle	How related to deceased	Friend
Name of person giving information	R.T. Mulligan		

CAUSES OF DEATH

120

Primary	Chronic Nephritis	How long	several years
Immediate	Exhaustion - coma	How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mr. S. Seymour
		Address	Talbot Md.
PHYSICIAN OR CORONER	Accident or Suicide?	No	



Name
in
Full

Harriet Ann Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town St. Michaels	County Talbot	MARYLAND		
Date of death	Month Feb	Day 11 th	Years Age	Months —	Days —
Sex	Female	Color or Race	white	Birth- place	Talbot Co, Md
Occupation	House-wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Nicholas James Marshall		
Father's Name	Wm Plummer		Father's Birthplace	Talbot Co, Md	
Mother's Maiden Name	Mary Field		Mother's Birthplace	Talbot Co Md	
Name of person giving Information	James E. Plummer		How related to deceased	Brother	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary
Organic Heart Disease

How long
one year

Immediate
Heart Asthenia

How long
one month

Are the name, age, sex, color, date
and place correctly given above?

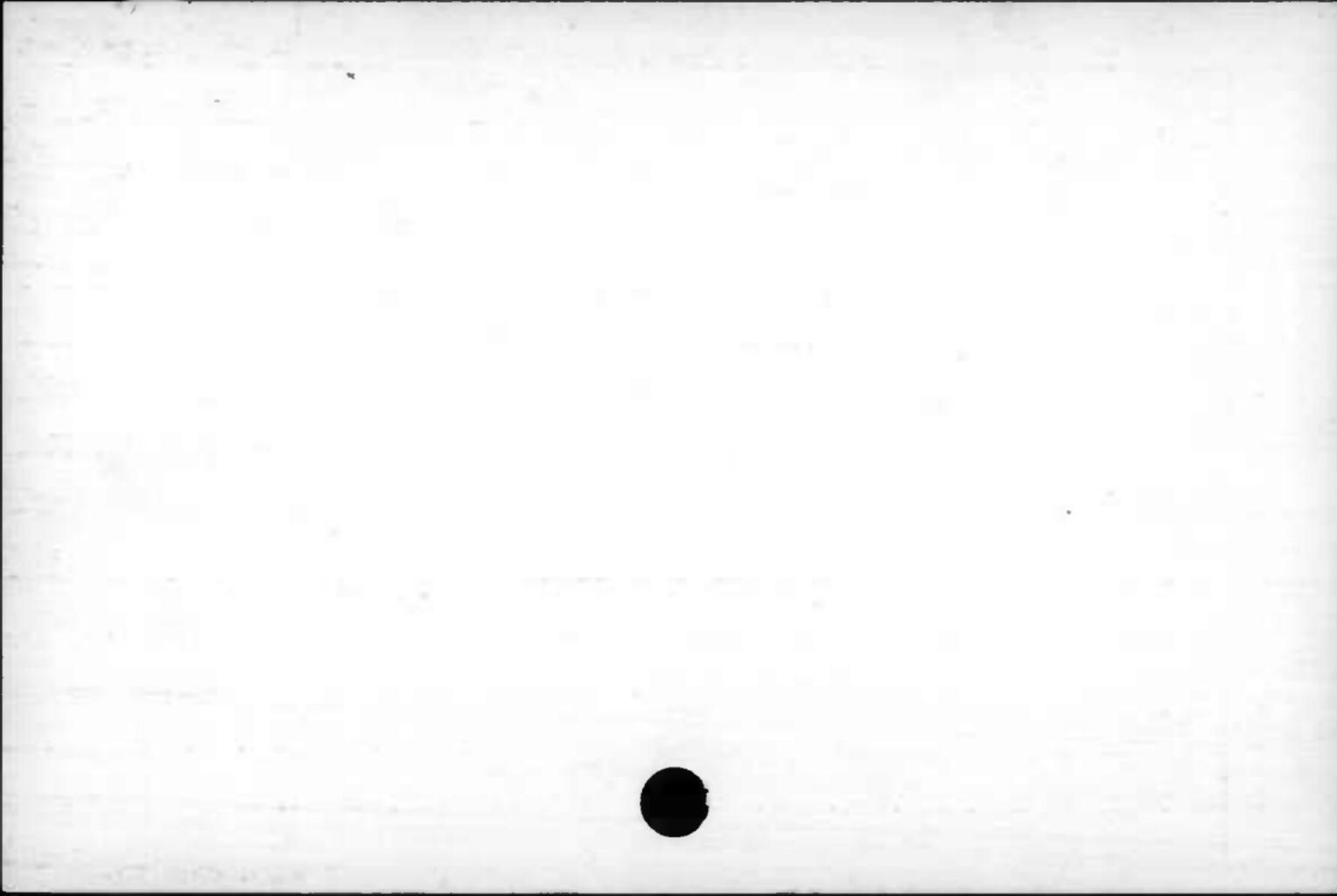
yes

Signature of
Physician

A.B.G. Glasscock
St. Michaels Md

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

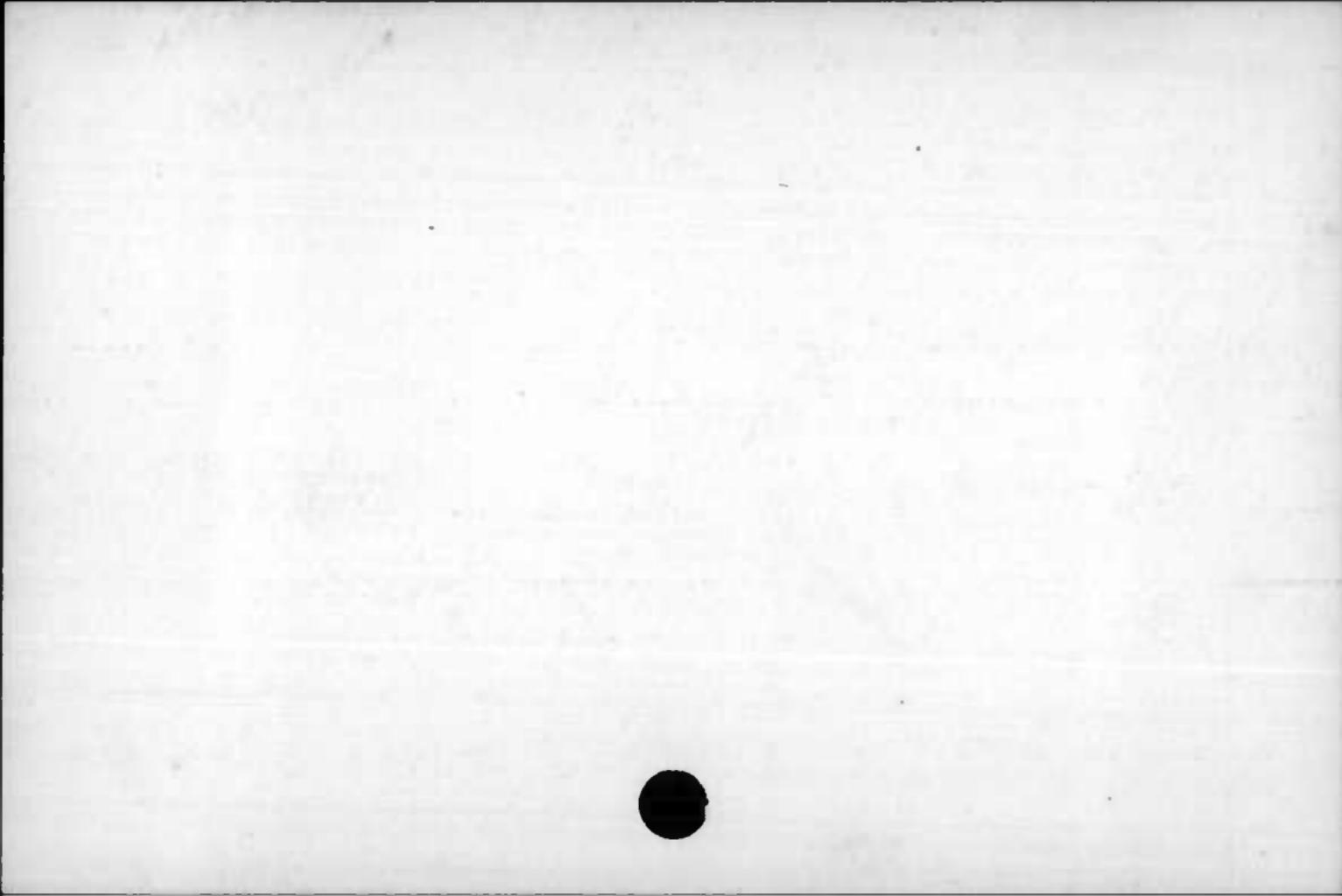
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	Miller		County	MARYLAND	
Date of death	1908	Month 2	Day 25	Years —	Months —	Days 1 day	
Sex	Male	Color or Race	Black		Birth-place	Easton, Md.	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Harace Miller				Father's Birthplace	Easton, Md.	
Mother's Maiden Name	Florence Handy				Mother's Birthplace	Easton, Md.	
Name of person giving information	Dr. R.R. Koch				How related to deceased	Physician	

CAUSES OF DEATH

152

Primary	Premature Rupture of Fallopian tubes		How long	2 days
Immediate	Asphyxiation		How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Rabbi Pay Koch
			Address	Easton, Md.
Accident or Suicide?		no		



Name
in
Full

James Moore.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

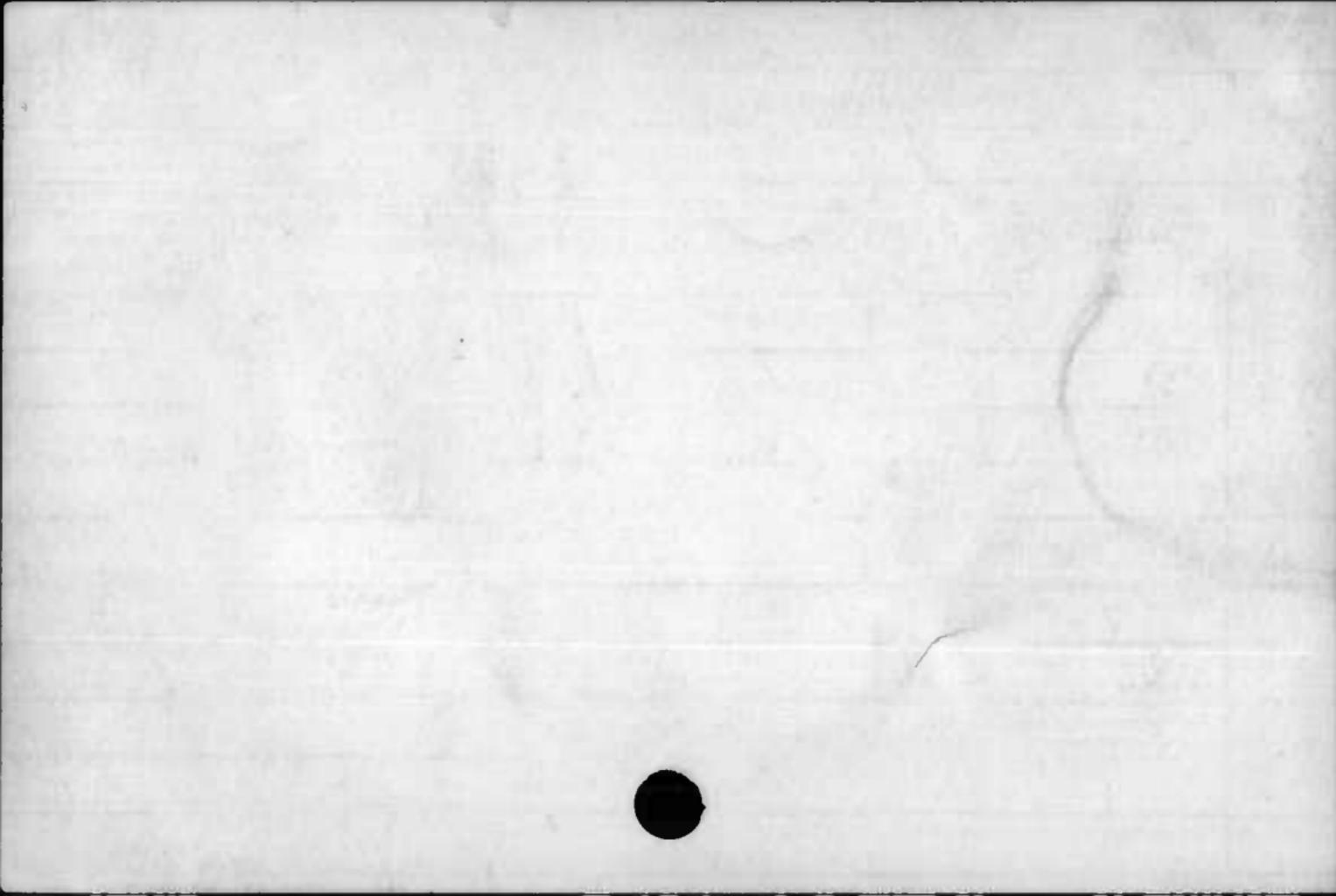
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jos. Moore		Father's Birthplace	Talbot co Md	
Mother's Maiden Name	Annie Tilghman		Mother's Birthplace	Talbot co Md	
Name of person giving Information	Jos. Moore Jr.		How related to deceased	Brother	

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	2 yrs
Immediate	Heartbreak. Heart failure	How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Sam'l G. Tripp
	Address		Royal Oak Md

Accident or Suicide? _____



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Gertude Powell

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Feb	4 th	Age	3	-	
Sex	Female	Color or Race	Black	Birth-place	Talbot Co	
Occupation	-	Where Residing if not at place of death				
Married, Single or Widowed	Infant	Name of Wife or Husband				
Father's Name	Alice Powell		Father's Birthplace	Talbot Co		
Mother's Maiden Name	Julia Taylor		Mother's Birthplace	Talbot Co		
Name of person giving information	Alice Powell,		How related to deceased	nather		

CAUSES OF DEATH

93

How long

How long

Primary

Tuberculosis

for Weeks

Immediate

Cordic Aesthenia

4 days

Are the name, age, sex, color, date and place correctly given above?

yes.

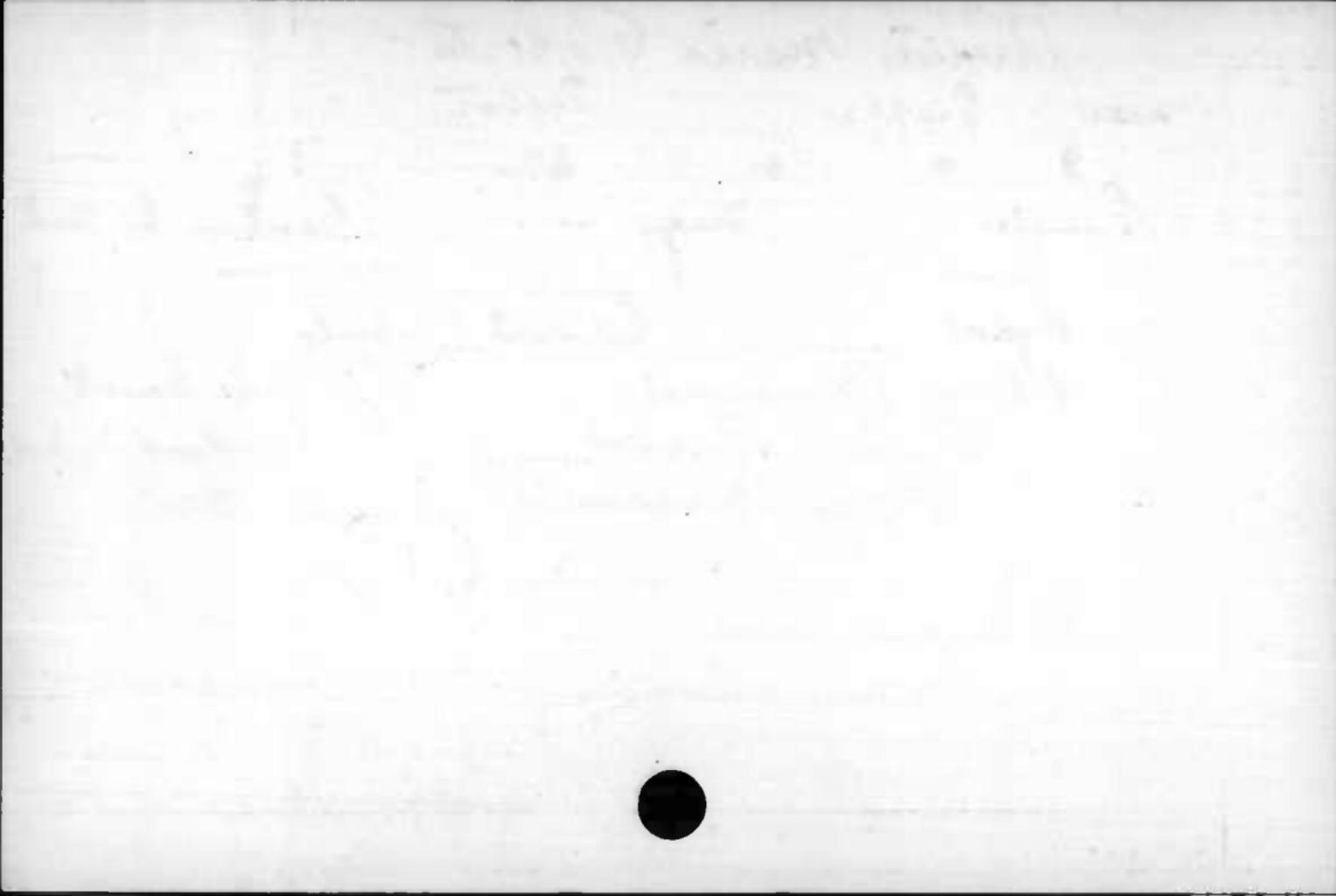
Signature of Physician

P. L. Graves

Address

Boston bed

Accident or Suicide?



Name
in
Full

Annie Maria Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died near	A Town	County	MARYLAND
Date of death 1908	Month 2	Day 2	Years 63- Months 6 Days -
Sex Female	Color or Race Negro -	Birth-place Caroline Co, Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Husband	Name of Wife or Husband	
Father's Name	Henry Brummel		Father's Birthplace
Mother's Maiden Name	Rachel Brown		Mother's Birthplace
Name of person giving Information	George Brummel		How related to deceased

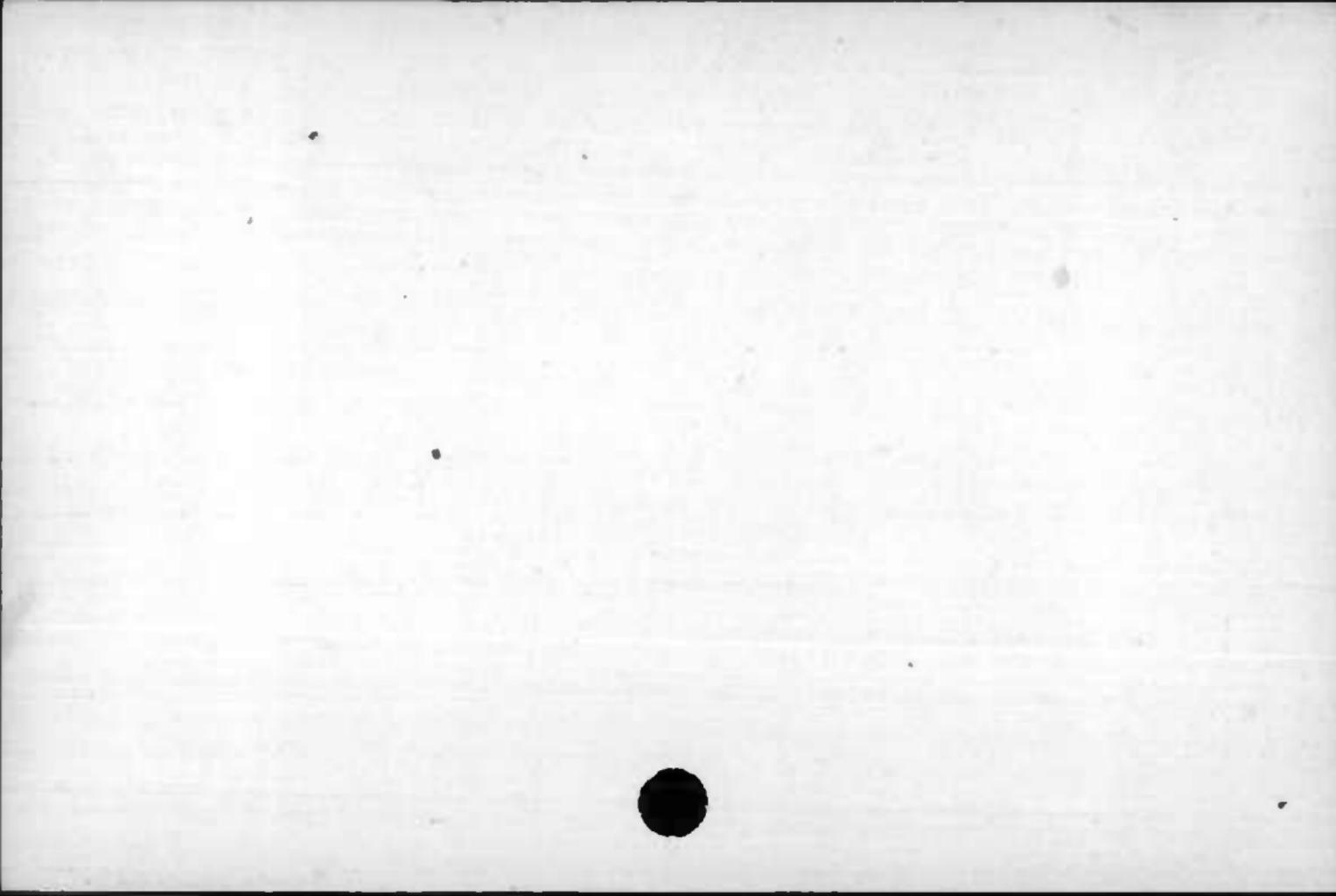
CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	3 weeks -
Immediate	Heart Failure	How long	12 hours -
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Joseph A. Ross M.D.	
	Address	Proprietary Salber Co., Md	
Accident or Suicide?			

H



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

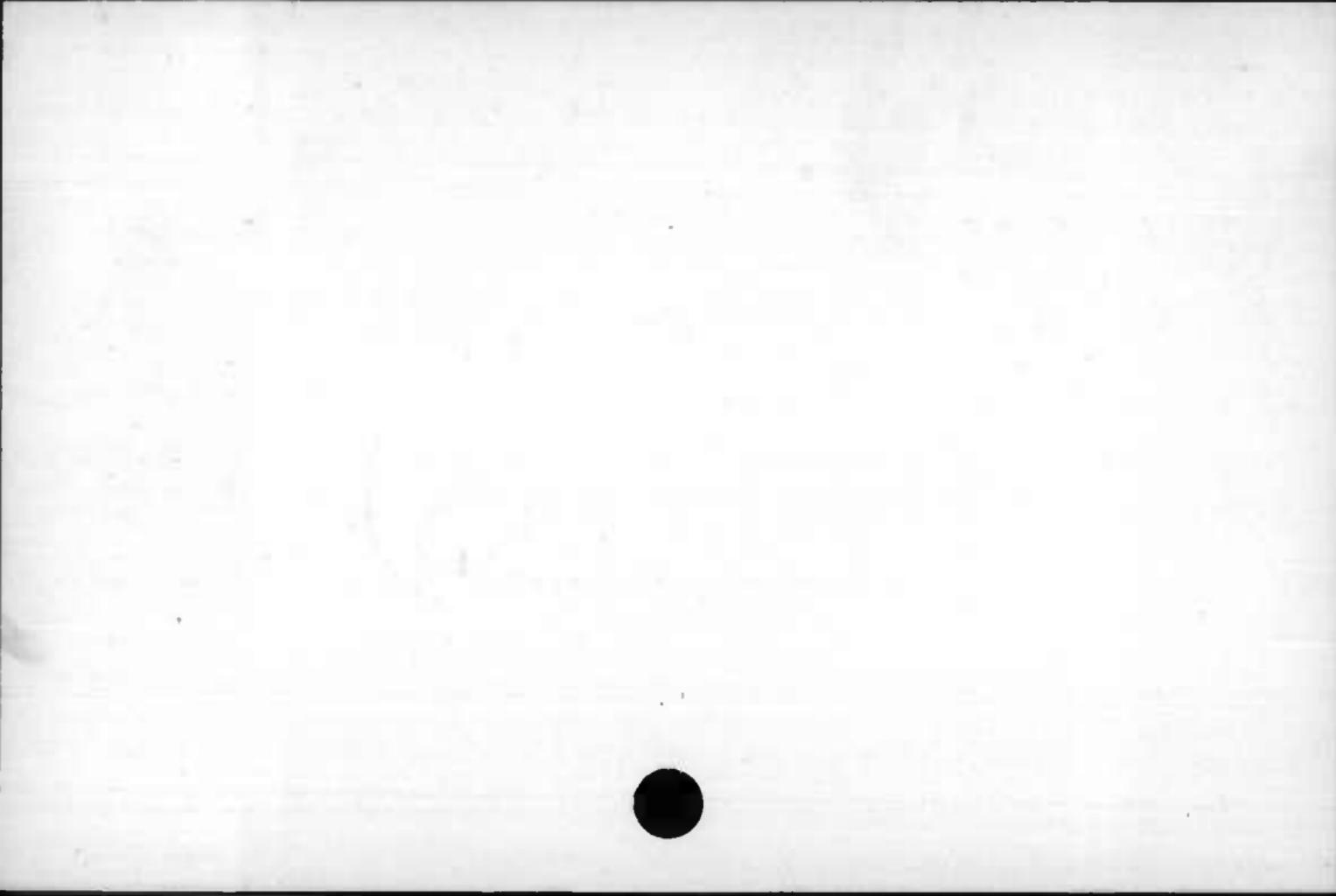
PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Boston</u>		Town	County <u>Talbot</u>		MARYLAND	
Date of death <u>1908 Feb</u>	Month	Day <u>13th</u>	Years <u>50</u>	Age <u>50</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Talbot Co</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James Russ</u>	Father's Birthplace <u>Talbot Co</u>					
Mother's Maiden Name <u>Hattie Latchell</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>James Russ</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

Primary <u>Breakdown Heart</u>	How long <u>Several hours</u>
Immediate <u>Cessation Circulation</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. L. Graviss</u>
	Address <u>Boston Md.</u>
Accident or Suicide?	



Name
in
Full

Claudie Sperry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at St. Michaels	talbot	Months	Days
Date of death 1908	Month Feb	Day 8 th	Years Age 32
Sex Female	Color or Race white	Birth-place	St. Michaels Md
Occupation Companion	Where Residing if not at place of death	—	
Married, Single or Widowed Single	Name of Wife or Husband	—	
Father's Name Jas. H. Sperry	Father's Birthplace Talbot Co. Md	—	
Mother's Maiden Name Sarah V. Parrott	Mother's Birthplace Talbot Co. Md	—	
Name of person giving information Jas. H. Sperry	How related to deceased Father	—	

CAUSES OF DEATH

27

How long

one year

How long

one month

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Hearth Astenia

Are the name, age, sex, color, date and place correctly given above?

yes

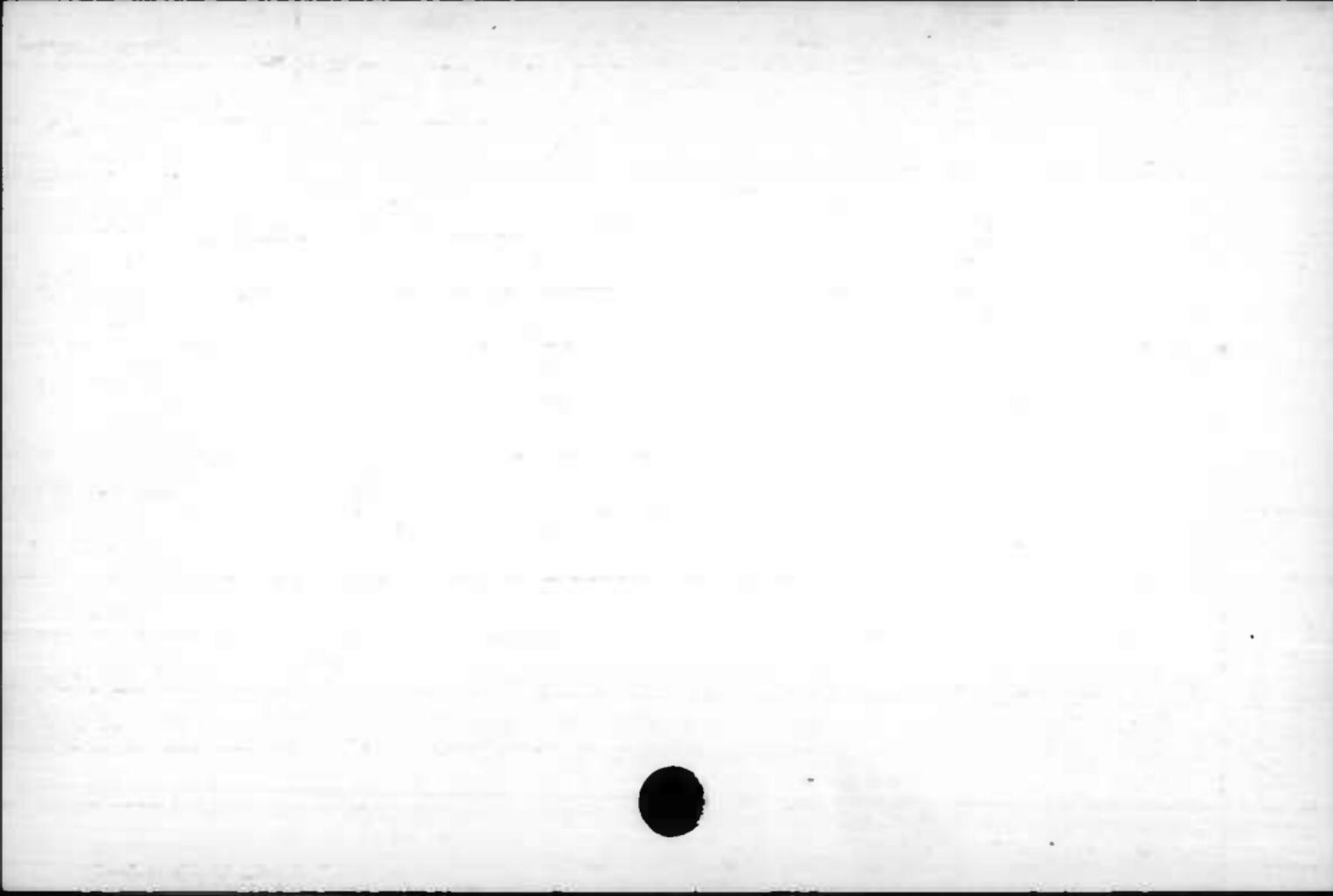
Signature of Physician

A.B. Glasecock

Address

St. Michaels Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(1)

Eva. Stewart

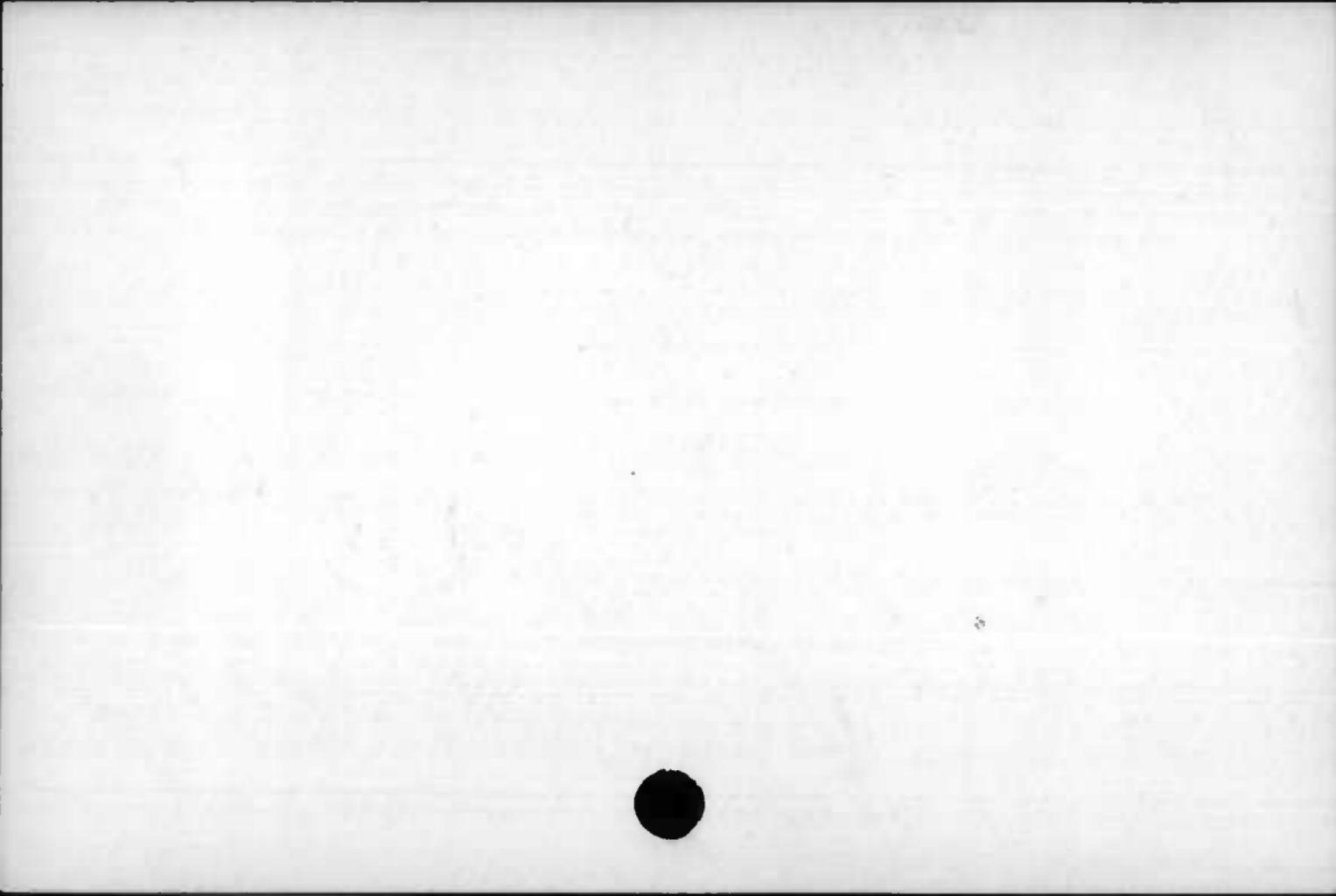
CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 1908	Month Feb.	Day 21	Years 1	Months 1	Days 0	
Sex Female	Color or Race	Religion		Birth-place	Offord man	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	Talbot co
Father's Name	Samuel Hayman			Mother's Birthplace	Offord	
Mother's Maiden Name	Emma Stewart			How related to deceased	Grand Father	
Name of person giving information	Edward Green					

CAUSES OF DEATH

93

Primary	Pneumonia	
Immediate	Hypertrophic	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Offord man	



Name
In
Full

Hector Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Feb	Day 18	Age 19	Years	Months	Days
Sex	Male	Color or Race	Black		Birth-place	Talbot	
Occupation	Labor		Where Residing if not at place of death				
Married, Single <u>Widowed</u>	Name of Wife or Husband		Mother Thomas				
Father's Name	John Thomas		Father's Birthplace	Talbot			
Mother's Maiden Name	Rehanna		Mother's Birthplace	Oxonian			
Name of person giving information	John H Gray		How related to deceased	friend			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary

~~Heart~~ Tuberculosis & Intoxin

How long

2 yrs.

Immediate

Heart exhaustion

How long

34 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

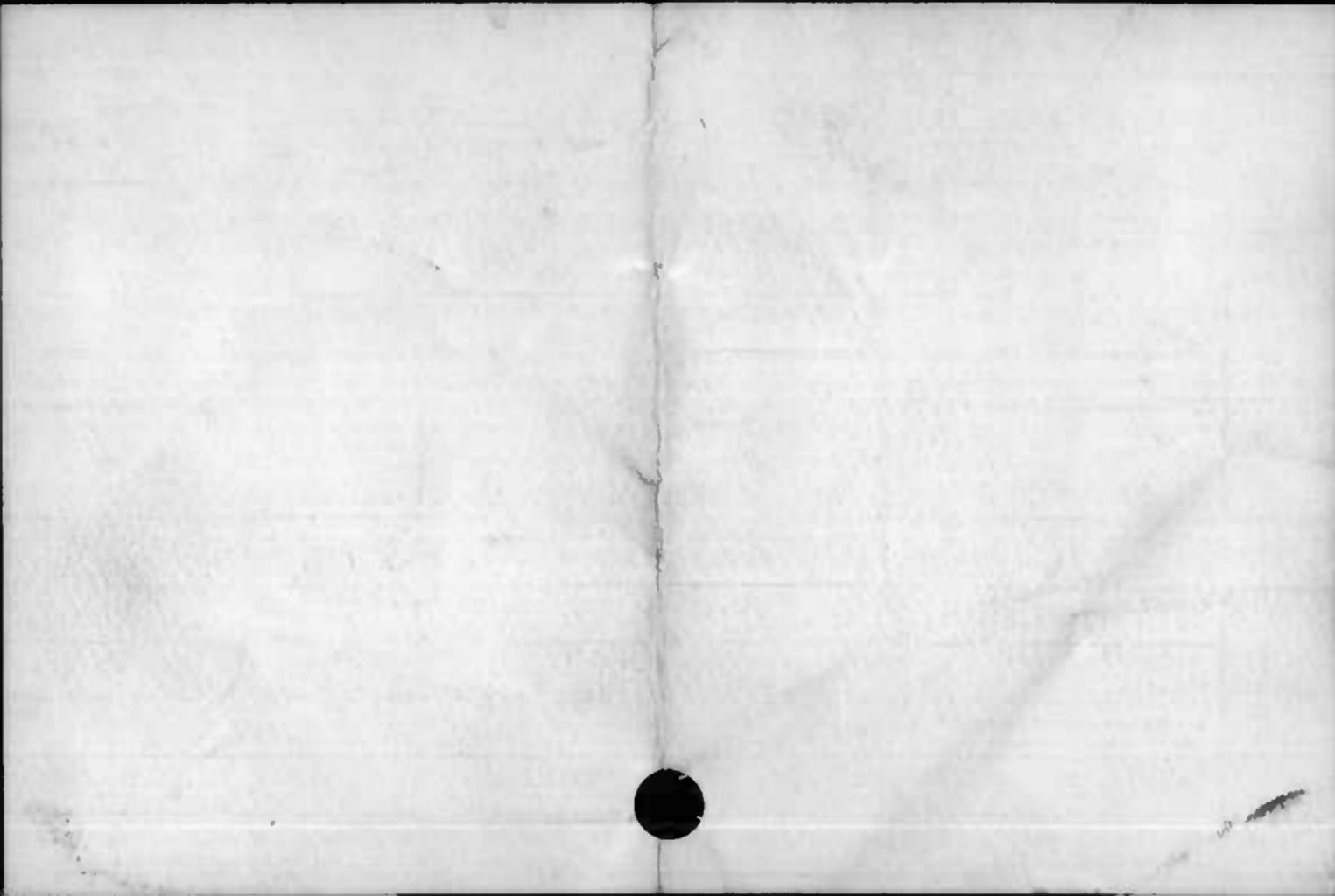
Signature of Physician

Address

Robert Saybrook
Easton, Md.

Accident or Suicide?

no



Name
in
Full

Delphine Tilghman
near Easton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	19	1	6	-
Sex	Female	Color or Race	Black	Birth- place	Talbot Co
Occupation	Where Residing if not at place of death				

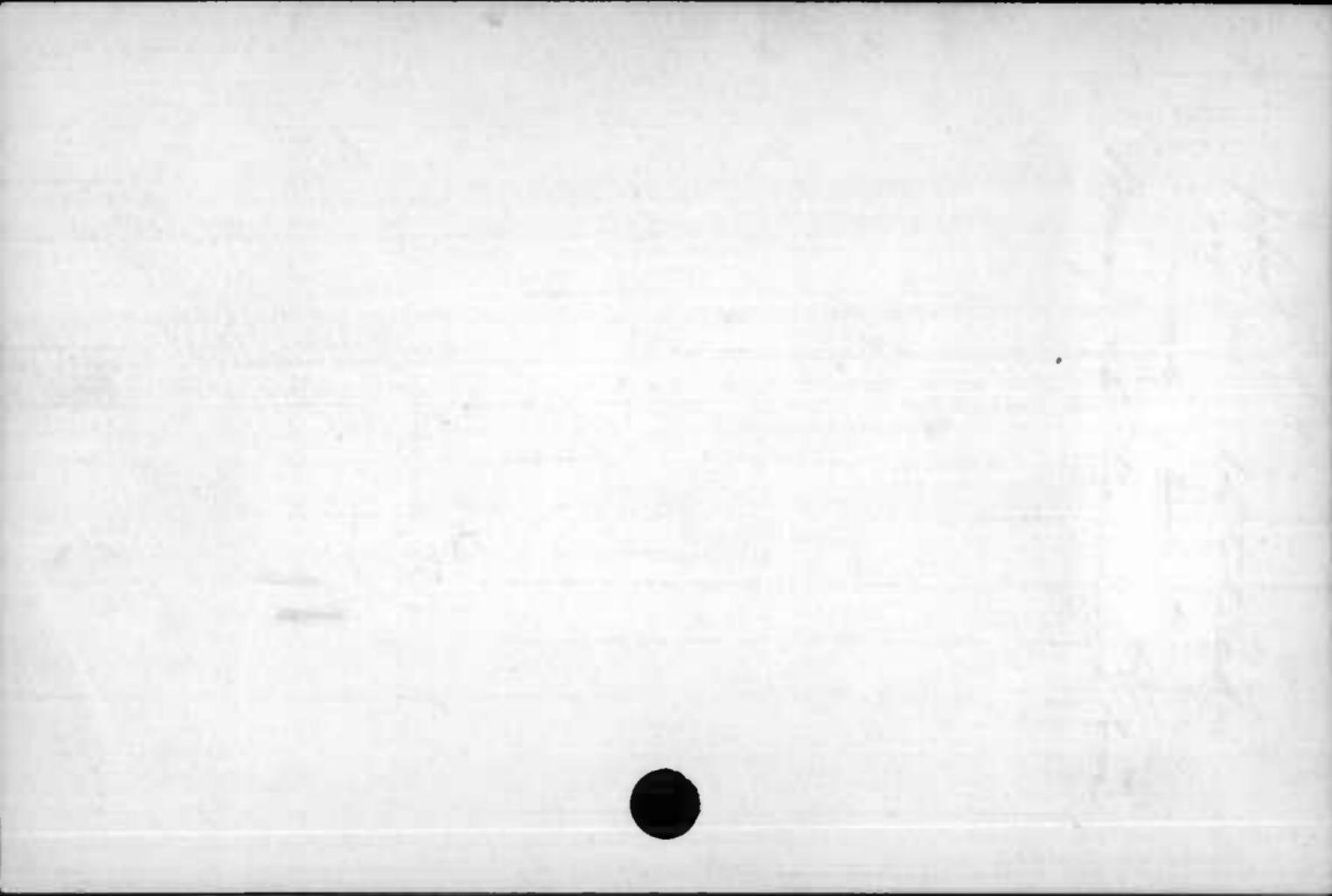
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
James E. Tilghman		Talbot Co	
Mother's Maiden Name	Maidie Waecker	Mother's Birthplace	" "
Name of person giving Information	James E. Tilghman	How related to deceased	Jacky

CAUSES OF DEATH

(10)

Primary	Lung suff.	How long	3 mths
Immediate	Congestion of Lungs	How long	2 yrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	Dr. B. Merritt Euston
Accident or Suicide?			

PHYSICIAN
OR CORONER



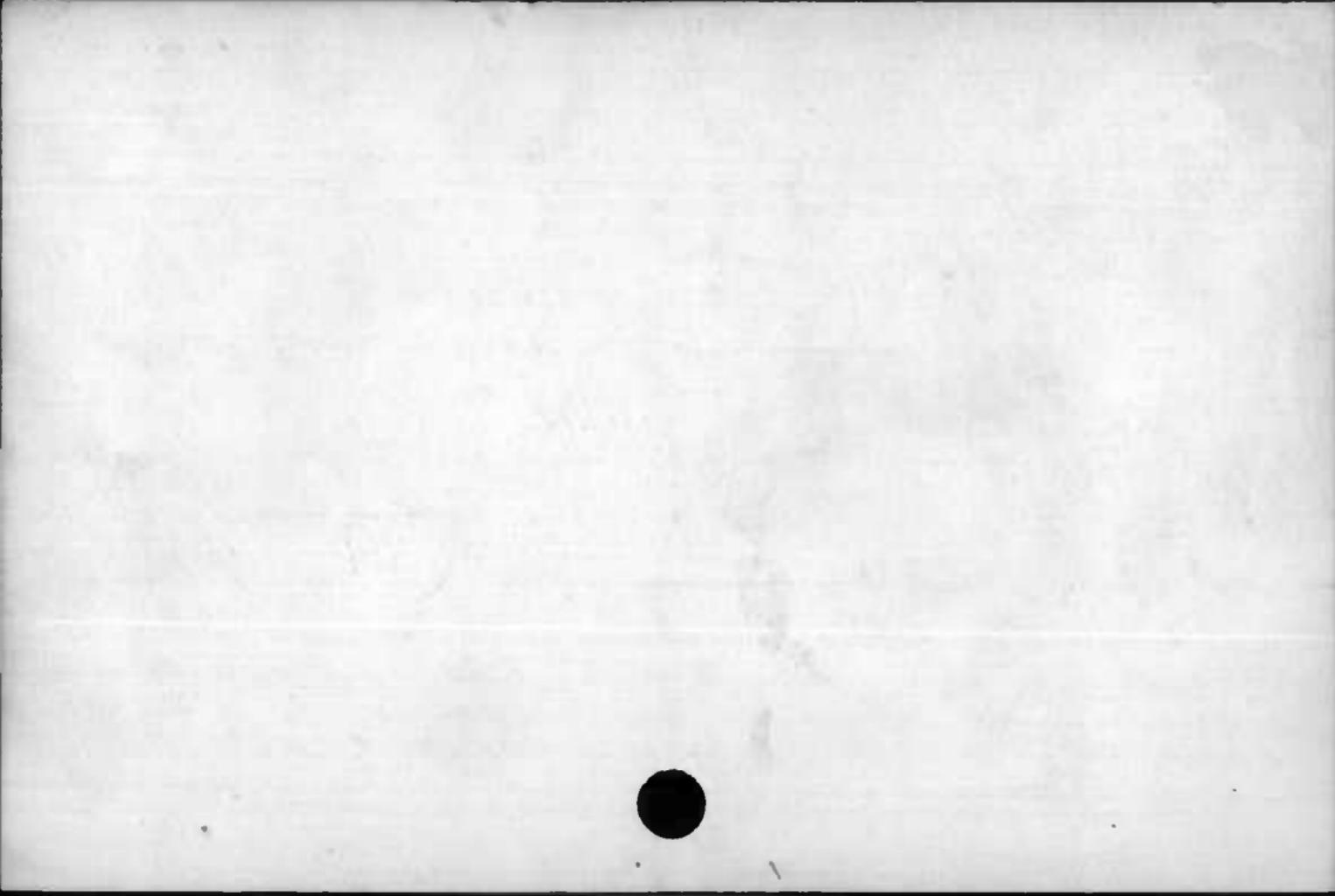
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lidia Drury				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Md	
Occupation	Cooking		Where Residing if not at place of death	in Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband	X	Father's Birthplace	Md	
Father's Name	James Drury		Mary Thomas	Mother's Birthplace	Md	
Mother's Maiden Name	Mary Thomas		James Drury	How related to deceased	Father	
Name of person giving information				27		
CAUSES OF DEATH						
Primary	Tuberculosis (Pulmonary)		How long	2 yrs		
Immediate	Exhaustion		How long	few days		

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	No physician attending		
Had been attended at Belvoir		Address	E. R. Drury (Physician)		
Came home 2 months ago			Exeter Md		
Accident? Suicide?		By advice of her physician			



Lewis Young
Town Troppé County Talbot

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 18908 Feb 1 Age 44 Years Troppé Farmer
 Male Yes White Married Yes Widow Divorced
 Female No Colored No Single Widower Number of children living Five.

Husband of

Wife

Father's

Name

Mother's Name

Cause of

Primary

Tuberculosis

27

How long sick

Death

Immediate

Same

Accident, Suicide, Homicide

Reported by

L.H. Mullikin

Address

Troppé Md.

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

cf _____

Seen by Coroner _____

cf _____

Father's birthplace - Trostle Ind.

Mother's birthplace - Trostle Ind.